

Ranibizumab



Included Products: Byooviz (ranibizumab-nuna), Cimerli (ranibizumab-eqrn), Lucentis (ranibizumab), Susvimo (ranibizumab implant)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 09/19/2011

Revised: 11/09/2023

Reviewed: 11/09/2023

Updated: 12/01/2023

All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of: a. Exudative (Wet) Age-Related Macular Degeneration (AMD) or b. Macular Edema Following Retinal Vein Occlusion (RVO)? c. Diabetic Macular Edema with or without diabetic retinopathy? d. Myopic choroidal neovascularization (mCNV) e. Diabetic Retinopathy (DR)	Continue to #2.	Do not approve.
2.	Is the request for Lucentis or Cimerli?	Continue to #4.	Continue to #3.
3.	Is the request for Susvimo or Byooviz?	Continue to #5.	
4.	Has the member tried and failed Avastin?	Continue to #6.	Do not approve.
5.	Has the member tried and failed Avastin AND Lucentis or Cimerli, or have a reason why Lucentis or Cimerli can't be used?	Continue to #6.	Do not approve.
6.	Approve for 12 months.		
Renewal Criteria		If yes	If no
1.	Has the member demonstrated disease stabilization or clinical response?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		